

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/589895*

FILING DATE

*05 MAY 2007*

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	R					
4	R					
5	R					
6	R					
7	R					
8	R					
9	R					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	R					
19	R					
20	/					
21	/					
22	/					
23	R					
24	R					
25	R					
26	R					
27	R					
28	R					
29	R					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	46					
TOTAL CLAIMS	49					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						